

APPLICATION FOR DISPOSITION **OF DECEDENT'S REMAINS**

Health and Safety Code 694.002 Duty of Commissioner's Court concerning disposition of
deceased pauper

Applicant must fill out the application, if application is filled out by any other person other than
those listed in Texas Health and Safety Code Section 711.002, application will not be processed,
until filled out properly.

I, the undersigned, do upon oath make the following statements;

1. I am the applicant:

Full Name: _____

Address: _____

Telephone: _____

Relationship to Deceased: _____

2. I am requesting: (Check the one that applies)

_____ The payment of decedent's cremation; or

_____ Refusing to pay for costs of disposition of the pauper decedent's body

**Applicant understands and agrees that Hill County has complete discretion regarding the
method of disposition of the body by cremation.**

**Applicant requests and authorizes Hill County cremate the body of the decedent without
further notice to them (the applicant).**

3. Information about the Decedent:

Name of decedent: _____

Date of Death: _____

Place of Death: _____

Residential Address: _____

4. Name and Address of Funeral Home holding decedent's remains:

Name: _____

Address: _____

Telephone: _____

5. List all known or ascertainable heirs and devisees of the decedent and the reason they are willing or unwilling to participate with the interment of the decedent.
- Cannot be contacted
 - Have refused to assist in the decedent's cremation / burial (For Religious beliefs only)
 - Will assist in the decedent's cremation / burial (For Religious beliefs only)

Heirs / Next of Kin as listed in Texas Health and Safety Code Section 711.002

Name: _____

Relationship to Decedent: _____

Address: _____

Telephone Number: _____

Reason: _____

Name: _____

Relationship to Decedent: _____

Address: _____

Telephone Number: _____

Reason: _____

Name: _____

Relationship to Decedent: _____

Address: _____

Telephone Number: _____

Reason: _____

Name: _____

Relationship to Decedent: _____

Address: _____

Telephone Number: _____

Reason: _____

Name: _____

Relationship to Decedent: _____

Address: _____

Telephone Number: _____

Reason: _____

Name: _____

Relationship to Decedent: _____

Address: _____

Telephone Number: _____

Reason: _____

Name: _____

Relationship to Decedent: _____

Address: _____

Telephone Number: _____

Reason: _____

6. **Attach** a description of funeral and cremation procedures necessary and a statement from the funeral home that contains a detailed and itemized description of the cost of the funeral and cremation procedures.
7. List the name and address of an individual, entity, or financial institution, including an employer that is in possession of any funds of or due to the decedent, and related account numbers and balances, if known by the applicant.

Name: _____

Relationship to Decedent: _____

Address: _____

Telephone Number: _____

Account Number: _____

Balance of Monies: _____

Name: _____

Relationship to Decedent: _____

Address: _____

Telephone Number: _____

Account Number: _____

Balance of Monies: _____

(Attach additional sheets if necessary)

8. Attach a copy of a written affidavit, or write any instructions that may state the type of funeral that the decedent would like to have. **(If decedent has a religious preference not to be cremated a document supporting such must be attached. If decedent is a Veteran, he / she will be referred to the Veteran's Service Office.)**

I further understand that I may be ordered to pay part of the fees, and this can be reconsidered if there is a material change in my financial circumstances. I further understand that I may be ordered to repay Hill County, all or part of the cost if it is determined that the above information is incorrect in that it is a material misrepresentation.

X _____ **Date:** _____

Applicant Signature

***** All heirs listed in number (4) above MUST fill out an Affidavit of Finances and attach it to this application along with an additional Affidavit of Finance on the Decedent.**

State of Texas

County of _____

This instrument was acknowledged before me on this _____ day of _____,
20_____

By: _____

X

Notary Public's Signature

(Personalized Seal)

To Be Returned With Application

Authorization For Release Of Information

I, _____, do hereby authorize persons, organizations, or establishments having information or records concerning the deceased or known or ascertainable heirs of the decedent (mother, father, son, daughter, sister, brother, aunt, uncle, etc...) to furnish such information to a representative of Hill County. I hereby grant permission for Hill County to obtain information which will help determine eligibility for benefits to pay for disposition of decedent's remains.

X _____ **Date:** _____

Applicant Signature

Subrogation Agreement

I, _____, do hereby agree to notify Hill County in writing if I recover any money at any time from a collateral source related to the decedent's estate and understand and agrees that Hill County has the right to require a refund of benefits paid on behalf of the decedent or if the benefits were obtained by fraud and if evidence is shown that the decedent would have been ineligible for the benefits paid.

X _____ **Date:** _____

Applicant Signature

State of Texas

County of _____

This instrument was acknowledged before me on this _____ day of _____,
20_____

By: _____

X

Notary Public's Signature

(Personalized Seal)

Affidavit of Finances

Full Name of Deceased: _____

Deceased Social Security Number: _____

Deceased Date of Birth: _____

Date of Death: _____

The undersigned makes this affidavit in connection with the filing of application for funeral and cremation / burial (For Religious beliefs only) expenses. (The items applicable to the undersigned of the decedent, as applicable are checked, and the information called for is furnished under penalties of perjury.)

Affidavit is being completed as:

() Surviving Family Member:

Full Name: _____

Social Security Number: _____

Relationship to Decedent: _____

() On behalf of Decedent, with knowledge of Decedent's property and financial affairs.

Full Name: _____

Social Security Number: _____

Relationship to Decedent: _____

1. **Basis for Indigence:** I am / Decedent is unable to pay because:

() I am / Decedent was presently receiving government entitlement based on indigence, to-wit: (Describe nature and amount of government entitlement).

() I have / Decedent has no ability to pay costs based on facts set out below.

Employment Information:

() I am not now / Decedent was not employed; the last time I was employed was _____.

() I am / Decedent was employed; working / Decedent worked for:

The income I receive / Decedent received from this job is \$ _____ per _____.

2. **Income from sources other than employment:**

() I have / Decedent has no income from sources other than employment, such as dividends, annuities, etc...

() I have / Decedent has income derived from sources other than employment as follows:

Type of Income

Amount per Period

3. **Property:**

() I own / Decedent owned property and no interest in any property.

() I own / Decedent owned the following interest in property:

Real Estate: _____

Motor Vehicles: _____

Cash on Hand: _____

4. Bank Accounts:

☐ I have / Decedent had no bank accounts.

☐ I have / Decedent had the following bank accounts:

Bank: _____

Type of Account: _____

Account Balance: _____

Bank: _____

Type of Account: _____

Account Balance: _____

5. Dependents:

☐ I have / Decedent had no dependents.

☐ I have / Decedent had the following dependents:

Name and Age

Relationship

6. Debts:

☐ I have / Decedent had no debts.

() I have / Decedent has the following debts:

Creditor: _____

Amount Owed: _____

Creditor: _____

Amount Owed: _____

Creditor: _____

Amount Owed: _____

Creditor: _____

Amount Owed: _____

Creditor: _____

Amount Owed: _____

7. Monthly Expenses:

() I have / Decedent had the following monthly expenses:

Type of Expense: _____

Amount per Month: _____

Type of Expense: _____

Amount per Month: _____

Type of Expense: _____

Amount per Month: _____

Type of Expense: _____

Amount per Month: _____

Type of Expense: _____

Amount per Month: _____

8. Surviving Family Members of the Decedent:

Name: _____

Relationship to Deceased: _____

Address: _____

Telephone Number: _____

Name: _____

Relationship to Deceased: _____

Address: _____

Telephone Number: _____

Name: _____

Relationship to Deceased: _____

Address: _____

Telephone Number: _____

Name: _____

Relationship to Deceased: _____

Address: _____

Telephone Number: _____

(Attach additional sheets if necessary)

Signed this _____ day of _____, 20_____. I am /
Decedent's estate and family is unable to pay the costs. I verify that the statements made
in this affidavit are true and correct.

State of Texas

County of _____

This instrument was acknowledged before me on this _____ day of _____,
20_____

By: _____

X

Notary Public's Signature

(Personalized Seal)

Funeral Home Checkoff Sheet

- Face Sheet from Facility and Funeral Home
- Driver's License / ID and Social Security Card, If no Next of Kin
- Documentation whether they had life insurance.
- Hill County resident verification if available.
- Contacts for Next of Kin if possible, next contact to the Decedent.
- Next of Kin can follow up with Hill County after Funeral Home referral.